



Robert E. Bush
Naval Hospital

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE website.
- * Through the Naval Hospital Customer Comment Cards.

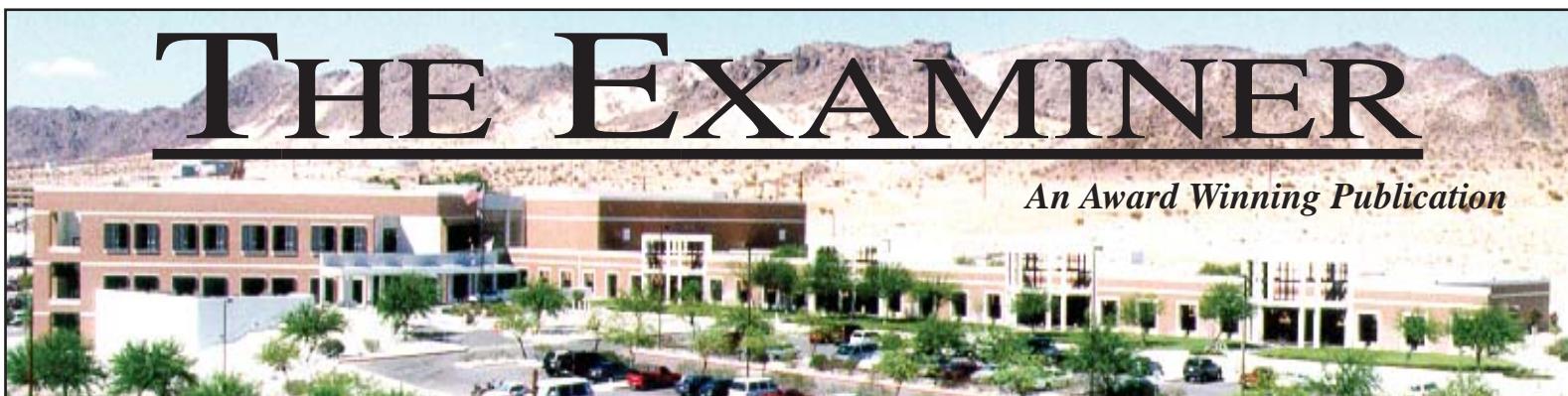
* The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

Or Directly to the Joint Commission via:

E-mail at complaint@jointcommission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Hospital Honors Officer, Sailors and Civilians of Quarter

The Robert E. Bush Naval Hospital has named the Officer, Sailors and Civilians of the Quarter for the period from April 1 through June 30.



Lieutenant Frederick French, General Surgeon, has been named as the Officer of the Quarter.

His citation reads in part, "During this period, you demonstrated outstanding leadership which significantly impacted the command's mission accomplishments. You provided superb direction to the Evidence Based Health Care Clinical Goal Team which improved the Colon Cancer Screening compliance. These accomplishments provided the command with financial incentives through the Performance Base Budget methodology and more significantly, improved care for our beneficiaries. Under your professional guidance and leadership the Surgical Clinic continues to have positive ratings for Outstanding Customer service



throughout Navy Medicine."

Petty Officer 1st Class (FMM) Ronald Braun, Leading Petty Officer in the Preventive Medicine Department at the Branch Health Clinic located at the Naval Air Weapons Station China Lake, Calif., has been selected as the Senior Sailor of the Quarter.

His citation reads in part, "As the Leading Petty Officer for Preventive Medicine Department at Branch Health Clinic (BHC) Naval Air Weapons Station China Lake, you were responsible for 75 site inspections of base facilities. You inspected numerous food service facilities, berthing areas

and child care centers assuring all sanitation and public health standards were attained. During this period, you were responsible for two reenlistments and one extension to a reenlistment, achieving 100 percent retention at BHC China Lake. A superb mentor and leader of junior Sailors, you created, organized and collated promotion study guides and implemented an advancement study program which resulted in the promotion of four Sailors...an extraordinary feat during a period of historically low promotion rates in the Navy."



Ms. Genoveva Matos, Coding

Continued on page 8

How Do You Decide When to Seek Medical Care

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

Anytime you have an immediate life-threatening medical problem you should call 911.

Our medical staff here at the Robert E. Bush Naval Hospital would rather have the patients err on the side of caution with the realization that when they arrive at our Emergency Medicine Department that our professional staff will assess the medical condition with a process called Triage.

If your condition warrants it, immediate medical attention will be given. However, if the medical staff determines that your condition is not life-threatening you may have to wait before treatment is rendered, while patients with unstable illnesses or injury are taken care of first. On occasion you may have to wait for several hours to be taken care of. This process is necessary in every emergency room where medical care is never given on a first-come first-served basis.

At this time the hospital is experiencing a shortage of providers due to the normal summer rotation period, deployments in support of our

**Patients seen in June -- 9,852
Appointment No Shows in June -- 975**

One in ten patients do not show up for their appointments at this hospital. If an appointment is no longer needed, please call so another patient can be seen.

**To make an appointment call -- 760-830-2752
To cancel an appointment call -- 760-830-2369**

Continued on page 7

Whooping Cough -- Pertussis -- Is Making A Comeback in California

What Is It And How Can You Protect Your Loved Ones?

By Martha Hunt, MA, CAMF
Health Promotion and Wellness
Robert E. Bush Naval Hospital

The number of pertussis cases reported to the California Department of Public Health has increased substantially in 2010. In the first five months of this year, a total of 1,337 cases were reported in California, a 418 percent increase from the 258 cases reported during the same period in 2009.

The incidence of pertussis is cyclical, with peaks in number of cases every 3-5 years in the United States.

The last peak was in 2005, when approximately 25,000 cases were reported nationally and approximately 3,000 cases in California, including eight deaths in infants under age 3 months.

If the rates from the first half of this year persist throughout this year, California would have its highest annual rate of pertussis reported since 1963 and the most cases reported since 1958.

In the first half of the 20th century, whooping cough was a leading cause of childhood illness and death in the United States.

After the introduction of a vaccine, the number of cases gradually declined, reaching a low in the mid-1970's. Pertussis is a bacterial respiratory illness characterized by severe spasms of coughing that can last for several weeks or even for months.

Pertussis is usually spread from person to person when someone coughs or sneezes. In advanced stages, victims have a severe, hacking cough followed by a high-pitched intake of breath that sounds like "whoop."

Whooping cough can cause adults or teens to have severe coughing that leads to vomiting or broken ribs. They can be hospitalized for pneumonia and miss weeks of work or school. Even worse, they can spread whooping cough to the babies at home.

What are the symptoms?

Once you become infected with whooping cough, it takes three to 12 days for signs and symptoms to appear. They're usually mild at first and resemble those of a common cold: runny nose, nasal congestion, sneezing, red, watery eyes, a mild fever and a dry cough.

After a week or two, signs and symptoms worsen. Severe and prolonged coughing attacks may: bring up thick phlegm, provoke vomiting, result in a red or blue face, cause extreme fatigue, and end with a high-pitched "whoop" sound during the next breath of air. However, many people don't develop the characteristic whoop part of the cough. Sometimes, a persistent hacking cough is the only sign that someone may have whooping cough.

When should you see your doctor?

Call your doctor if prolonged

coughing spells cause you or your child to: vomit, turn red or blue or inhale with a whooping sound.

Which vaccinations do you need?

There are four combination vaccines used to prevent diphtheria, tetanus and pertussis: DTaP, Tdap, DT, and Td. DTaP and DT are given to children younger than 7 years of age. Tdap and Td are given to older children and adults. Children need five doses of DTaP by kindergarten (ages 4-6) and a Tdap booster at age 11 or 12. Tdap boosters are also recommended for teens and adults ages 65 years and younger. Adults need a tetanus/diphtheria (Td) booster every 10 years

after the primary series has been completed.

For adults, age 18-64 years old, a 1-time dose of Tdap for protection from pertussis is recommended to replace the next Td. Intervals of 2 years or less between Td and Tdap is suggested, but not required.

How can you prevent the spread of whooping cough?

Whooping cough is spread by coughing so cover your cough and wash your hands! Remind everyone to cover their mouths when coughing and to wash their hands often.

What is the right way to wash your hands?

First wet your hands and apply liquid or clean bar soap. Place

the bar soap on a rack and allow it to drain. Next rub your hands vigorously together and scrub all surfaces. Continue for 20 seconds or about the length of a little tune. It is the soap combined with the scrubbing action that helps dislodge and remove germs. Rinse well and dry your hands.

If you have any questions about you or your child's immunizations, contact your primary care provider or your child's pediatrician. They will be able to guide you as to which immunizations are best for you and your children. Pertussis is entirely preventable with proper immunizations, covering your mouth and face when you sneeze or cough and washing your hands frequently.

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Whooping Cough Vaccine Available

The incidence of Whooping Cough or Pertussis is on the rise in California. One key preventive measure is to be immunized with the Tdap vaccine.

This is a one-time booster for individuals over the age of 7 years.

The Naval Hospital has vaccine available in the Immunization Clinic for children and adults on a walk-in basis Monday through Friday from 9 to 11:30 a.m. and 1 to 4 p.m.

Patient's Have Major Impact on Quality of Care They Receive Here

By Dan Barber
Public Affairs Officer
Robert E. Bush Naval Hospital

Have you ever considered that you, as a patient, have a major impact on the type and quality of care you receive at your Naval Hospital?

Every decision made by the leadership of Navy Medicine is made with you the patient in mind. How can the best possible care be delivered to you with available assets... facilities, money and staff?

The Department of Defense uses a random survey of the hospital's patients to grade how your hospital is doing compared

to other Medical Treatment Facilities. This survey is used to provide an independent, impartial evaluation of care provided to the Marine Corps Air Ground Combat Center beneficiaries.

You may have received a letter in the mail following a recent visit to one of the hospital's clinics. If you took the time to open that letter and follow the directions to participate in the survey, then you will have input into future decisions Navy leadership makes in determining the type and quality of care you will receive at your Navy Hospital here.

The purpose of this survey is to provide an evaluation of the

health care you receive. This information will provide tools for leadership to make informed decisions about the type of care that will be made available to you; it will provide insight for targeting quality improvements; it will allow for external comparisons of other health care services in the region; and it will promote medical care that is consistent with clinical guidelines.

Other ways for you to participate in the care you receive at the Robert E. Bush Naval Hospital is to let one of the hospital's customer service reps know your feelings... Did you feel that your health care was

lacking in some way? Were you totally happy with the services you received? Either way, it is important for the hospital to know how they are taking care of you.

In addition, the hospital conducts the Healthcare Consumer Council meeting every Quarter... this Town Council type of meeting is designed to allow the Combat Center's healthcare beneficiaries to express concerns, compliments or constructive criticism to the leadership

of the hospital.

Just recently a comment made to the commanding officer of the hospital resulted in an effort to provide a link from the hospital's web site to the DoD's sponsored Parenting Education site. Also available for you to provide constructive comments to the hospital is the Robert E. Bush Naval Hospital Face Book site... look us up, tell us how we are doing... your opinion matters to us, and you.

It Takes Strength . . . To Quit

By Diane Mayer
TriWest Healthcare Alliance

There are more than 1,000 people who die every day in the U.S. And these people could have prevented their deaths.

That's because those 1,000 people died from tobacco-caused diseases, the leading reason for preventable death in the U.S., according to the American Lung Association.

The key here is that these deaths are preventable. The power lies in your hands.

"My dad smoked his entire life and I think that smoking is what, in fact, killed him eventually. But I wasn't thinking about that. I just thought it was a cool thing to do and I wanted to smoke too," said Navy Surgeon General Vice Admiral Adam M. Robinson in a video interview posted on TRICARE's Tobacco-Free website, www.tricare.mil/tobaccofree.

"The reason I stopped smoking was because of my patients . . . Kicking an addiction is probably among the strongest things that we will ever do."

Ready to Quit?

When you are ready to quit using tobacco, TRICARE and TriWest have tools to help you succeed.

* www.ucanquit2.org: The site offers interactive, Web-based tobacco cessation training, real-

time live encouragement with trained tobacco cessation coaches, quit plan and calendar, text quit tips, savings calculator, games, and much more.

* great online resources including web chat

* TriWest's dedicated toll-free telephone Quitline, 1-866-244-6870, is available 24/7/365

* TriWest.com's tobacco cessation page, www.triwest.com/tobacco, provides information about local (MTF) and statewide resources as well as tools and tips to help you quit.

* TRICARE's Tobacco-Free website, www.tricare.mil/tobaccofree

TriWest Tobacco Quitline -- 1-866-244-6870

When you are ready to quit smoking, help is only a phone

call away.

* Available 24 hours a day, 7 days a week, including weekends and holidays

* Speak with a trained smoking cessation coach who will assess each individual's stage of the smoking cessation process and recommend appropriate treatment and resources to quit smoking or remain smoke free

* All non-Medicare eligible beneficiaries can receive assistance

* This telephone line is not a counseling service

TRICARE and TriWest want you to be a successful quitter. It all boils down to choice.

Imagine a world where you have the freedom to choose to live longer . . . get help today.

Finding TRICARE Benefits Online

By Tyler Patterson
TriWest Healthcare Alliance

Does TRICARE cover acupuncture? No. What about urgent care? Yes. Is there a maternity benefit? Definitely.

Have more questions? You can find the answers quickly and easily online, at one of two convenient sources.

The first is TRICARE's official website, www.tricare.mil. It's an excellent starting point for finding information about all aspects of your TRICARE benefit, from eligibility and plan selection, to specific information about your medical coverage. Just click 'TRICARE Benefit Information' and enter some basic information to get started.

Your other option is the beneficiary portal on TriWest's website, www.triwest.com/beneficiary. There, you'll find information tailored for West Region service members and families, as well as:

- * A searchable TRICARE benefits database
- * Downloadable handbooks and brochures
- * Printable forms
- * TRICARE news

You can even register for a secure www.triwest.com account and choose to receive QuickAlert updates about your TRICARE benefit usage, such as explanations of benefits, fee statements and referral and authorization letters, delivered straight to your e-mail inbox.

Be sure to visit www.tricare.mil or www.triwest.com/beneficiary to learn more about your TRICARE benefit.

These web sites are available via a link on the Robert E. Bush Naval Hospital web page... and also available through Face Book... look us up.

Super Stars...



LSCS (SW) Francisco Diego, Materials Management takes the oath at his reenlistment ceremony.



CS2 Ryan Davila, Combined Food Services, takes the oath at his reenlistment ceremony.



Lt. Cmdr. Rivka Weiss, Pediatrics, takes the oath at her recent promotion ceremony.



HM3 Glen Dunlap, Family Medicine Clinic, receives his first Good Conduct Award.



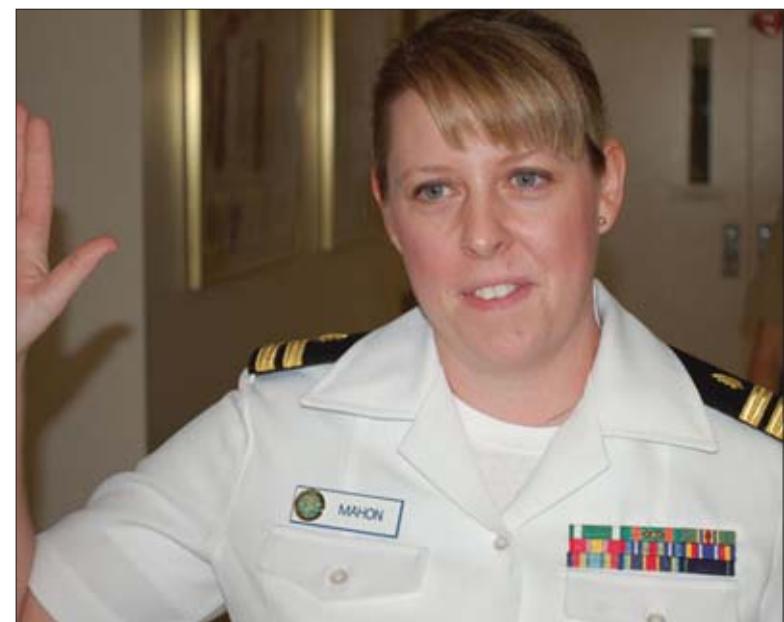
HM1 Brian McMahill, Material Management, receives his sixth Good Conduct Award.



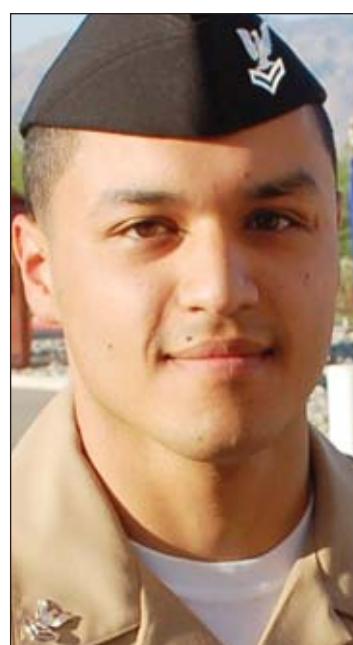
HM1 Eduardo Pamatz, Radiology, receives his fourth Good Conduct Award.



Lt. Cmdr. Joseph Gomez, Officer in Charge at the Adult Medical Care Clinic, receives a Gold Star in Lieu of his fifth Navy and Marine Corps Commendation Medal.



Lt. Cmdr. Colleen Mahon, Maternal, Infant Nursing Department, takes the oath at her recent promotion ceremony.



HM2 Julian Guillen, Material Management, receives his second Good Conduct Award.



YN2 Gracie Rosas, Human Resources, receives a Navy and Marine Corps Commendation Medal.



Lt. j.g. Cali Scott, Maternal, Infant Nursing Department, receives a Navy and Marine Corps Achievement Medal.

Services Work to Learn More About Brain Ailments, Suicides

By Lisa Daniel
American Forces Press Service

WASHINGTON, June 22, 2010 - Post-traumatic stress, traumatic brain injury and suicides among servicemembers are interrelated problems requiring holistic prevention methods and more scientific study, military leaders told a Senate panel today.

"The reality is, the study of the brain is an emerging science, and there still is much to be learned," Gen. Peter W. Chiarelli, Army vice chief of staff, told the Senate Armed Services Committee during a hearing about how the services are dealing with brain injuries and mental health problems.

The vice chiefs of the Navy and Air Force, the Marine Corps' assistant commandant and a Veterans Affairs Department health official also spoke before the committee. All agreed with Chiarelli that the Defense and Veterans Affairs departments are coordinating better than ever to diagnose and treat brain injuries and mental disorders, and that much more is known about such conditions today than when combat operations began after Sept. 11, 2001.

Still, they acknowledged, much more needs to be done. They noted that suicides are highest among ground forces. The Army reported 162 confirmed suicides last year, up from 140 in 2008 and 115 in 2007. The Marine Corps reported 52 suicides last year... more per capita than the Army, and up from 42 in 2008 and 33 in 2007. Last year's numbers are expected to rise as more investigations are completed, they said.

While the military officers cited increased deployments and less time at home as one area of stress, many more risk indicators such as personal problems with relationships, legal matters and careers also are factors, they said.

In the Army, Chiarelli said, 79 percent of suicides were by servicemembers who had one or no deployments, and 60 percent were on their first deployment.

Also, Chiarelli said, suicides among active-duty soldiers have dropped while simultaneously increasing among reserve-component soldiers, especially National Guard members. The

Guard soldiers require a different approach toward intervention, he said, since no standardization exists for services and treatment once they return to their home states. One improvement, he said, would be for Guardsmen to remain on Tricare Plus health care coverage for a continuum of treatment.

The senior officers outlined risk factors for suicide among servicemembers, but only the Marine Corps has seen wide commonality in those who took their own lives. Among Marine suicides last year, 92 percent were between the ages of 17 and 23, and mostly were white men, Gen. James F. Amos said. He added that 67 percent of the Corps is 25 or younger.

"We are woefully more immature in years," the general said. "That, in and of itself, is a problem."

Of the 52 suicides among Marines last year, nine had never been in combat, Amos noted.

"While there is no single answer," he said, "we are committed to exploring every potential solution and every resource we have available. We will not rest until we turn this around."

In the Air Force, only 20 percent of suicide victims had been deployed in the year before they died, Gen. Carroll H. Chandler told the committee. But 70 percent of those who committed suicide were found to have problems in their personal relationships, he said, and many had legal problems.

Suicides in the Navy have come from sailors with enough different demographics and risk factors that "our Navy message is that no one is immune," Adm. Jonathan W. Greenert said.

The officers outlined the increasingly number of programs the services have adopted to try to curb suicides. They include training that begins in boot camp, focuses heavily on noncommissioned officers, and extends to senior flag officers; increasing pre- and post-deployment evaluations; embedding mental health workers in deployed units; reaching out to families with training and telephone hotlines; and trying to improve the diagnosis and treatment of TBI and post-traumatic stress disorder.

And the services increasingly

are extending programs to build resilience in military members and their families to cope with whatever stresses might arise, the military officers told the committee.

Chiarelli said it is important to recognize the connection between TBI and PTSD and the high rate of "co-morbidity," or co-existing conditions in an individual. That, coupled with a lack of medical understanding about the disorders, and the differing drugs to treat them and problems like anxiety and depression, complicates diagno-

sis and treatment, he said.

"There is no doubt that you can go to any of our posts and find soldiers struggling because [doctors] can't nail down and diagnose their conditions," he said. "But I promise you it is not from lack of trying. We are doing everything we can."

"Our science on the brain is just not as great as it is on other parts of the body," Chiarelli continued, noting vast medical opinions about diagnosing and treating the disorders. "It's not this well-developed science like you find with heart surgery."

Of the Army's most severely wounded soldiers... those at least 30 percent disabled... at least 60 percent are diagnosed with PTSD or TBI, Chiarelli said.

There still is no conclusive test to diagnose TBI, Dr. Robert L. Jesse, a physician and acting principal deputy undersecretary of health for VA's Veterans Health Administration, told the committee. "It may just be the complexity of this disease that it takes time to manifest in ways we can diagnose," he said.

Your Opinion Counts With Us, and For you

NAVY PATIENT SATISFACTION SURVEY QUESTIONNAIRE

PRIVACY ACT/CONFIDENTIALITY STATEMENT: The purpose of this questionnaire is for conducting healthcare satisfaction survey and analysis throughout Navy Medicine. The Bureau of Medicine and Surgery will hold all responses in strict confidence. Information you provide will be statistically summarized and the responses of others, and will not be attributable to any single individual. Participation is entirely voluntary and the information you provide will not become part of your permanent medical record.

AUTHORITY FOR COLLECTION: Granted per OPNAVINST 5300.8B under OPNAV Report Control Symbol 6300-1

LICENSE TO ADMINISTER: Granted per OPNAVINST 5300.8B under OPNAV Report Control Symbol 6300-1

Which of the following best describes your familiarity with the provider you saw for this visit?

O The provider was not your Primary Care Manager (PCM) or Primary Care Team (PCT) and you had never met or heard of him/her before this visit.

O The provider was not your PCM, but you had a referral to see this provider.

O The provider was not your PCT, but was a member of your PCT and you have met or heard of him/her before this visit.

O The provider was your PCM with whom you have met for most of your routine care, etc.)?

Was your personal information verified at check-in (i.e. name, address, date of birth, phone, rank, etc.)?

1 2 3 4 5 N/A

Level of Satisfaction	1	2	3	4	5	N/A
How well the provider listened to your questions and concerns.	<input type="radio"/>					
The provider's explanation of what was being done and why.	<input type="radio"/>					
The provider's explanation of all study results (blood tests, x-rays, etc.) for your condition.	<input type="radio"/>					
The provider's explanation of your treatment and follow up plan to help you manage your medical condition.	<input type="radio"/>					
If new medicines were needed, your satisfaction with how the provider discussed medicines you were already taking before prescribing new medicine(s).	<input type="radio"/>					
The provider's management of your pain.	<input type="radio"/>					
Overall how satisfied are you with the health care received?	<input type="radio"/>					
If you received Case Management services, your satisfaction with the services received.	<input type="radio"/>					
The phone service you received when scheduling the appointment for this visit.	<input type="radio"/>					
The relative ease of scheduling this appointment.	<input type="radio"/>					
The consideration of your schedule when this appointment was made.	<input type="radio"/>					

1

**When you receive your survey in the mail
Please take the time to respond... Your input
helps us provide better care to you.**

TRICARE Coverage for College Students

By Tyler Patterson
TriWest Healthcare Alliance

Now that your children are going to college, if you're like most of us, you've got some new house-guests to take their place: pride and paranoia.

What if something happens to them while they're hundreds...or even thousands...of miles away? Who is looking after their health?

The good news is, whether they're staying in state or heading across the country, it only takes a few easy steps to ensure TRICARE coverage wherever they go.

1) Maintain Eligibility

An up-to-date record in the Defense Enrollment Eligibility Reporting System (DEERS) is the key to your child remaining eligible and avoiding unnecessary out-of-pocket costs and claims issues. Visit www.tricare.mil/deers to learn how to update addresses and other important information.

As long as your children are enrolled as full-time college students and you supply more than 50 percent of their income, they will remain TRICARE-eligible until age 23 or until they graduate, whichever comes first.

Parents should be aware that eligibility for TRICARE does not automatically continue; no matter which TRICARE plan you use, you will have to submit paperwork to DEERS before your children are 21 to continue coverage until age 23.

Your children should also have

valid uniformed service ID cards.

2) Check Availability

If your children are moving away from home, the TRICARE program they used at home may not be available in their new location.

Students enrolled in TRICARE Prime should use their benefits in TRICARE Prime Service Areas, usually near a military clinic. In the TRICARE West Region, you can confirm TRICARE Prime availability by checking 'Prime Eligibility' in TriWest's Military Clinic Locator (www.triwest.com/locator). Students can transfer their Prime enrollment to the new location or start a new Prime enrollment there, and will access their care through a local primary care manager (PCM).

If Prime is not available, students can still access care through TRICARE-authorized providers using TRICARE Standard and Extra. There is no enrollment requirement to use TRICARE Standard and Extra. However, if your children previously had Prime coverage, they will have to disenroll from Prime. You can download a disenrollment form at www.triwest.com.

3) Split Enrollment: Don't Pay Two Enrollment Fees

For retiree TRICARE Prime families, when a child attends college in a different TRICARE region, there won't be two enrollment fees. TRICARE allows you to 'split' the enrollment and only pay one family enrollment fee to your region. Contact the TRICARE contrac-

tor in your family's region and the contractor in your child's new TRICARE region to set up the split enrollment; find the regional contact information at www.tricare.mil/contactus.

4) Plan for Vacations

If your child travels or returns home, TRICARE coverage fol-

lows. Prime students will have to coordinate non-emergency care with their PCM. For trips back home to the family's region over 30 days, temporarily transfer enrollment to the new regional contractor. Students traveling outside of their region with Standard and Extra cover-

age don't need to transfer enrollment, but will still be responsible for their deductibles and cost-shares. Complete and file any claim paperwork with the region where the student lives.

VA Eases Claims Process for Veterans with PTSD

By Elaine Wilson
American Forces Press Service

WASHINGTON, July 12, 2010 - The Veterans Affairs Department will publish a final regulation tomorrow intended to ease the claims process and improve access to health care for veterans with post-traumatic stress disorder, VA officials announced today.

"This nation has a solemn obligation to the men and women who have honorably served this country and suffer from the often-devastating emotional wounds of war," Veterans Affairs Secretary Eric K. Shinseki said in a statement issued today. "This final regulation goes a long way to ensure that veterans receive the benefits and services they need."

The new rule, to be published in the Federal Register, will relax the evidence requirement if the PTSD stressor claimed by a veteran is linked to "fear of hostile military or terrorist activity and is consistent with the places, types and circumstances of the veteran's service," a VA news release said.

Currently, VA decision makers

are required to confirm that a noncombat veteran actually experienced a stressor related to hostile military activity, the release said.

Under the new rule, VA no longer will require substantiation of a stressor tied to fear of hostile military or terrorist activity if a VA psychiatrist or psychologist can confirm that the experience recalled by a veteran supports a PTSD diagnosis and the veteran's symptoms are related to the stressor, a VA release said.

"With this new PTSD regulation, we are acknowledging the inherently stressful nature... of military service in which the reality and fear of hostile or terrorist activity is always present," Michael Walcoff, VA's acting undersecretary for benefits, said during a news conference today.

The regulation will eliminate the need to search for records to verify veterans' accounts, "often a very involved and protracted process," Walcoff said, and enable VA officials "to move more quickly to award more benefits to veterans suffering from PTSD."

Walcoff said he hopes the new

regulation will encourage more veterans with PTSD to come forward, particularly those who have been deterred by a seemingly time-consuming and sometimes frustrating process.

More than 400,000 veterans currently are receiving compensation benefits for PTSD, VA officials said. And of the nearly 400,000 veterans treated at VA facilities for PTSD in fiscal 2009, nearly 70,000, or 19 percent, were veterans of operations Iraqi Freedom and Enduring Freedom.

Dr. Robert A. Petzel, VA's undersecretary for health, said the regulation will be particularly beneficial for veterans who have had their military records damaged or destroyed, female veterans whose records don't specify they have combat experience, and veterans who have experienced combat but have no record of it.

President Barack Obama called the changes a "long-overdue step" in his weekly address.

"I don't think our troops on the battlefield should have to take notes to keep for a claims application," Obama said. "And I've met enough veterans to know that you don't have to engage in a firefight to endure the trauma of war."

The new regulation not only will help veterans of the Afghanistan and Iraq wars, but "generations of their brave predecessors who proudly served and sacrificed in all our wars," the president said.

"It's a step that proves America will always be here for our veterans, just as they've been there for us," he said. "We won't let them down. We take care of our own. And as long as I'm commander in chief, that's what we're going to keep doing."

Managing Asthma During the Summer Months

By Sharon Foster
TRICARE Management Activity

With school out for the summer, children get involved with many activities such as swimming, running, walking and cycling. Whether it's swimming at the community pool or playing in the backyard, unmanaged asthma can dampen the fun.

TRICARE reminds parents that well managed and controlled asthma equals a fun-filled, fit summer for all children.

"Children with asthma can lead fairly normal lives when they follow their asthma action plan," said Dr. James Ellzy, deputy medical director and director of clinical quality, TRICARE Management Activity. "An asthma action plan provides instruction and information on

how to self-manage one's asthma daily, including taking medications appropriately, identifying and avoiding exposure to allergens and irritants that can bring about asthma symptoms."

Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. It can cause recurring periods of wheezing, chest tightness, shortness of breath and coughing. Coughing often occurs at night or early in the morning. With asthma, airways and bronchial tubes are extra sensitive... especially to 'triggers' such as dust, animals, pollen, mold, cigarette smoke and cold air. Viruses and strenuous exercise can trigger asthma as well.

According to the National Heart Lung and Blood Institute, a division of the National Institutes of Health, asthma affects people of all ages, but it most often starts in childhood.

In the United States, more than 22 million people are known to have asthma. Nearly six million of these people are children.

The Centers for Disease Control and Prevention (CDC) list several risk factors for developing childhood asthma. These include:

- * nasal allergies
- * family history
- * respiratory infections
- * low birth weight
- * tobacco smoke

Studies also suggest certain ethnic groups -- blacks and Hispanics -- are more predisposed to asthma than others, according to the CDC.

According to a recent study of TRICARE beneficiaries, "Differences in Prevalence, Treatment and Outcomes of Asthma Among a Diverse Population of Children With Equal Access to Care," pub-

lished in the journal Archives of Pediatrics and Adolescent Medicine, even with equal access to health care, black and Hispanic children are more likely than white children to have asthma and their outcomes are often worse.

With education and proper medical care, parents can better control and manage their child's asthma, helping them to lead relatively unrestricted, productive lives.

The first step in controlling asthma is recognizing a child has the disease. Not all children have the same symptoms and these symptoms can vary from episode to episode in the same child. Possible signs and symptoms of asthma in children include:

- * frequent coughing spells
- * chronic cough
- * less energy during play
- * rapid breathing
- * complaint of chest tightness

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Medical Care...

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nation's medical outreach missions and Individual Augmenting of military operations around the globe, and a provider contract transition for our Emergency Medicine Department.

However, despite this shortage of providers, if you wake up one morning feeling ill, you can still call our Out Patient Appointment number at 760-830-2752 to try to obtain a same day appointment. A scheduled appointment minimizes waiting time that would typically be experienced with an emergency room visit. In addition, before you leave the clinic, it is better that you book any necessary follow up appointments with the clerk at the front desk of the clinic you are visiting or by calling the Appointment Call Center at 760-830-2752.

If you have an appointment that for some reason you cannot keep, please call the appointment line at 760-830-2752/2369 or e-mail your cancellation request to NHTP-CAPC@med.navy.mil as far in advance as possible. This will allow the hospital to give the appointment to someone else.

If your symptoms are not

severe enough to prompt you to seek an appointment, the Naval Hospital offers an Over-the-Counter (OTC) medication dispensing program for your convenience. OTC medications may be obtained for family members between 2-18 years old and only by a parent or guardian. Patients who are not eligible to receive OTC medications are pregnant or breast-feeding mothers, children less than two years old, and those who are currently in flight status or in the Personal Reliability Program.

All patients must have a valid military identification card in their possession at the time of dispensing. Each family member will be eligible to receive a maximum of four different items in a three-month period. These medications will be entered into each person's computer prescription record to screen for allergies, overlapping medications and duplications.

A request form must be completed, which includes a brief question-and-answer assessment of your medical conditions and current medications you are taking. You will receive a handout discussing the proper use, dosages, cautions and side effects associated with the medications you request and receive.

If your medical condition does

not improve or if it worsens within 48 hours, you should seek advice from a medical professional.

This program is designed to offer access to many common cough and cold, sore throat, fever, headache, stomach upset and minor gynecological conditions that are listed below:

- * Acetaminophen (Tylenol) 325mg tablets & elixir
- * Ibuprofen (Motrin) 200mg tablets & suspension
- * Diphenhydramine (Benadryl) capsules & elixir
- * Pseudoephedrine (Sudafed) tablets & syrup
- * Triprolidine w/ pseudoephedrine (Actifed) tablets & elixir
- * Guaifenesin (Robitussin) syrup
- * Guaifenesin w/ dextromethorphan (Robitussin DM) syrup
- * Saline nasal spray/drops
- * Cepacol throat lozenges
- * Maalox (regular) 5 ounce bottle
- * Clotrimazole (Gyne-Lotrimin) 1 percent vaginal cream (not for the patient's first yeast infection and only one issue every 6 months)

The staff of the Robert E. Bush is dedicated to providing you the best medical care possible regardless of how you access that care.

Officer, Sailors and Civilians of Quarter...

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Supervisor has been selected as the Senior Civilian of the Quarter.

Her citation reads in part, "As a key member of the Data Quality Team assigned to the Navy Medicine West Lean Six Sigma Ambulatory Data Module (ADM) error resolution project, your dedication and attention to detail were instrumental in Naval Hospital Twenty-nine Palms successfully meeting the Deputy Surgeon General's goal of 80 percent correction of deficiencies in the ADM for the designated period. You tirelessly worked to revise and correct 1,338 deficient records and eliminate 69 duplicate records. This equated to improving the process sigma level by 0.5 and decreasing the defects per million opportunities by 7,390 defects. Your contributions resulted in the Command receiving praise from Navy Medicine West for achieving the goals and were a contributing factor in the

success of this first ever Bureau of Medicine and Surgery-level Lean Six Sigma Replication project."

Petty Officer 3rd Class John Raymond, Adult Medical Care Clinic Corpsman, has been selected as the Junior Sailor of the Quarter.



His citation reads in part, "During this time you consistently performed your duties while assigned to Adult Medical Care Clinic as a Hospital Corpsman in a highly professional manner. An emerging leader, you accepted the duties and responsibilities of a Petty Officer with confidence. You were directly responsible for the growth and mentorship of multiple junior Corpsmen. You expeditiously enhanced access to care and improved clinical documentation and patient tracking for all physical exams and overseas screenings. Your positive attitude in the AMCC where you daily work 10 - 11 hour days has inspired junior and senior Sailors alike and assisted in creating the 'will do' attitude so frequently seen in the AMCC. You provided 50 off duty hours in support of medical coverage to support Marine units with needed training. Your participation and guidance as a member of the Naval Hospital softball team were instrumental in improving morale as you served as a model for physical fitness."

William 'Bill' Hunt, Facilities Management Department, has been selected as the Junior Civilian of the Quarter.

His citation reads in part, "Your devotion to duty above and beyond that which is required of your position has made a valuable contribution both to the Facilities Management Department and to the Command. In preparation for the Change of Command, you were a vital member of the Facilities team and could be counted upon to complete a myriad of tasks above and beyond the scope of daily duties. Your efforts ensured that



the facility was superbly prepared for presentation to the new Commanding Officer. You were instrumental in completing the optimization of the Command's primary care clinic spaces in a timely and cost-effective manner. You accomplished the required repairs and repainting while maintaining a clean, functional, and attractive environment for patients and staff in spite of significant transition. Your willingness in this endeavor allowed the optimization to be accomplished in-house, without contractor assistance and at a significant savings to the Command."

Hospitalman Courtney Marsh, Mental Health Department Psychiatric Technician Corpsman, has been selected as the Blue Jacket of the Quarter.

Her citation reads in part, "As the Leading Psychiatric Technician for Mental Health Department, you completed 200 initial patient evaluations while administering and scoring over 50 psychological testing examinations, contributing to a 95 percent return to full duty rate for military personnel. You conducted ten Administrative Separation Groups, helping to

ensure these service members remained safe while awaiting discharge. You revised Mental Health' no show policy to ensure high risk patients were accounted for and rescheduled in a timely manner. As the Transport Coordinator, you effectively and efficiently planned and carried out the transport of 20 patients to other treatment facilities with minimal delay and assured uninterrupted care. As the Mental Health Department Training Officer, you completed all electronic training records for the department, far ahead of Command deadlines and accomplished 100 percent accountability of required training. Furthermore, you created and maintained the electronic training jackets for Deployment Health Care Clinic personnel as well. You excelled off duty as well by volunteering eight hours of your personal time by participating in the



March for Dimes walk for Cerebral Palsy research and raised morale, pride, and funds for the Hospital Corpsman Birthday Ball by volunteering as a member of the Command's 2010 Powder Puff football team."

Asthma...

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or chest 'hurting'

- * whistling sound when breathing in or out (wheezing)
- * shortness of breath, loss of breath
- * tightened neck and chest muscles
- * feelings of weakness or tiredness

While these are some symptoms of asthma in children, a doctor should evaluate any ill-

ness that complicates a child's breathing. Working closely with a doctor is the best way to achieve control of the child's asthma.

A doctor can diagnose asthma based on a child's medical history, physical exam and results from various breathing tests. The doctor will also determine what the child's level of asthma severity is...whether it's intermittent, mild, moderate or severe. The severity level will determine what treatment is

most appropriate. Together, parent and doctor can learn what affects the child's asthma and the best way to treat it.

TRICARE offers a disease management program to beneficiaries which focuses on improving health management skills while living with a condition such as asthma. For more information about TRICARE disease management program, contact the appropriate regional health care contractor.